

471-000-533 Nebraska Medicaid Practitioner Fee Schedule for HEALTH CHECK Services

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The dollar amounts listed in the fee schedule are the Nebraska Medicaid maximum allowable. Nebraska Medicaid payment is the lower of the fee schedule allowable or the provider's submitted charge. The provider's submitted charge must reflect their charge to the general public.

Billing instructions for EPSDT can be found at:

<http://dhhs.ne.gov/Documents/471-000-62.pdf>

Billing instructions for EPSDT Encounters in a Federally Qualified Health Center (FQHC) can be found at:

<http://dhhs.ne.gov/Documents/471-000-76.pdf>

Provider bulletin: <http://dhhs.ne.gov/medicaid/Documents/pb0311.pdf>

HEALTH CHECK (EPSDT) REFERRAL INDICATOR CODES:

Preventive care for persons under 21

One of the following referral indicator codes MUST be included on claims using CPT well-child preventive codes 99381-99395 with the required EP modifier. (Electronic 837P or CMS 1500 box 24H).

- AV Patient refused referral;
- S2 Patient is currently under treatment for diagnostic or corrective health problem
- NU No referral given; or
- ST Referral to another provider for diagnostic or corrective treatment

HEALTH CHECK (EPSDT) Vaccines for Children

Procedure Code + Modifier		Maximum Allowable	Prior Authorization
Vaccine CPT Code + SL		\$10.71	No

HEALTH CHECK (EPSDT) Special Services for Persons Under 21

						MEDICAID
CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	ALLOWABLE
000S9437	EP	PREPARED CHILDBIRTH REFRESHER SESSION				\$30.03
000S9442	EP	PREPARED CHILDBIRTH SESSION (6-8 WEEK SERIES) OR COMPARABLE CESAREAN BIRTH SESSION				\$62.08
000S9443	EP	BREAST FEEDING INSTRUCTION SESSION				\$9.72
000S9444	EP	HEALTH EDUCATION AND INFANT CHILD CARE/PARENTING SESSION				\$9.72
000S9445	EP	EARLY PREGNANCY SESSION				\$9.72
000S9470	EP	NUTRITIONAL COUNSELING - PER 30 MINUTE UNIT				\$36.96
00099381	EP	INITIAL COMPREHENSIVE PREVENTATIVE MEDICINE EVALUATION AND MANAGEMENT (AGE: YOUNGER THAN 1 YEAR).				\$95.16
00099382	EP	INITIAL COMPREHENSIVE PREVENTATIVE MEDICINE EVALUATION AND MANAGEMENT (AGE: 1 - 4 YEARS).				\$100.17
00099383	EP	INITIAL COMPREHENSIVE PREVENTATIVE MEDICINE EVALUATION AND MANAGEMENT (AGE: 5 - 11 YEARS).				\$110.18

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE
00099384	EP	INITIAL COMPREHENSIVE PREVENTATIVE MEDICINE EVALUATION AND MANAGEMENT (AGE: 12 - 17 YEARS).				\$120.20
00099385	EP	INITIAL COMPREHENSIVE PREVENTATIVE MEDICINE EVALUATION AND MANAGEMENT (AGE: 18 - 20 YEARS).				\$130.22
00099391	EP	PERIODIC COMPREHENSIVE PREVENTATIVE MEDICINE REEVALUATION AND MANAGEMENT. (AGE: YOUNGER THAN 1 YEAR).				\$80.13
00099392	EP	PERIODIC COMPREHENSIVE PREVENTATIVE MEDICINE REEVALUATION AND MANAGEMENT (AGE: 1 - 4 YEARS).				\$85.14
00099393	EP	PERIODIC COMPREHENSIVE PREVENTATIVE MEDICINE REEVALUATION AND MANAGEMENT (AGE: 5 - 11 YEARS).				\$90.15
00099394	EP	PERIODIC COMPREHENSIVE PREVENTATIVE MEDICINE REEVALUATION AND MANAGEMENT (AGE: 12 - 17 YEARS).				\$95.16
00099395	EP	PERIODIC COMPREHENSIVE PREVENTATIVE MEDICINE REEVALUATION AND MANAGEMENT (AGE: 18 - 20 YEARS).				\$100.17
00099401	EP	PEDIATRIC PRENATAL VISIT - 15 MINUTES (EXPECTANT MOTHER MUST BE UNDER 21 TO BILL FOR THIS SERVICE.)				\$23.17
00099402	EP	FAMILY/HOME VISITATION FOR RISK ASSESSMENT AND RISK REDUCTION SERVICES				\$46.35